

Salary Reduction Agreement

1. Participant Information

Participant Name: _____ Social Security Number: _____-_____-_____
Home Address: (must be a street address) _____
City: _____ State: _____ ZIP Code: _____

2. Retirement Vendor

I want my election to be funded to the retirement vendor below: (You must have an established account with the vendor listed)
Name of Company _____ Account Number _____

3. Participant Election (You may select only ONE of the following three choices)

I, the undersigned participant, hereby elect to:
1. BEGIN A NEW TAX DEFERRED ANNUITY:
Reduce my salary by _____(percentage or amount) PER PAYCHECK. I understand that the amount of such reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into the retirement account plan noted above.
2. END MY EXISTING TAX DEFERRED ANNUITY:
3. CHANGE MY EXISTING ANNUITY AMOUNT:
In 2009 the general limit for contributions will be \$16,500.00. If you are 50 or over, you can contribute an additional catch up contribution of \$5,500.00. If you are age 50 or over and have 15 years or more service with Mercer, you can contact your retirement vendor for a maximum calculation. All maximum calculations must be attached to the Salary Reduction Agreement form and returned to Benefits & Payroll Administration.

4. Participant Signature

This election will remain in effect until I revoke it in writing or until I complete a new salary reduction agreement.
Participant Signature: _____ Date: _____

HRS ENTERED BY _____ DATE _____

Supplemental Retirement Account Vendor List

Guidestone (Annuity Board of the Southern Baptist Convention)

**Contact: Benefits & Payroll Administration
Extension 2787**

AXA Equitable Financial Companies

**Contact: Russ Henry
478-471-6500**

Fidelity Retirement Services

Contact: 1-800-343-0860

TIAA-CREF

**Contact the Help Desk @
1-800-842-2003**

Vanguard

Contact: 1-800-662-2003

AIG-Valic

**Contact: Cliff Stewart
1-800-448-2542**